

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010890

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 73

Primary Registration District No. 5291

Registrar's No. 37

STATE FILE NUMBER

FILED MAR 26 1963

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty township</u>		Length of stay in 1b <u>1 week</u>	c. CITY OR TOWN <u>Missouri City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>I.O.O.F. Hospital</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Main St.</u>
3. NAME OF DECEASED (Type or print) First <u>JANET</u> Middle <u>---</u> Last <u>Wheeler</u>		4. DATE OF DEATH Month <u>March</u> Day <u>13</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 19, 1882</u>
9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and state or country) <u>Ray County, Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John N. Hines</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary S. Dasher</u>		14. NAME OF HUSBAND OR WIFE <u>J. Fred Wheeler - dec.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT Address <u>Mrs. Earl Rider, 1627 Kensington, K.C., Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Intra-Abdominal Hemorrhage</u> DUE TO (b) <u>Rupture Abdominal Aortic Aneurysm</u> DUE TO (c) <u>[redacted]</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized arteriosclerosis</u> <u>Cerebral arteriosclerosis, Chronic organic brain syndrome</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:55 p.</u> Month, Day, Year <u>1958</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY <u>Liberty</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>1958</u> to <u>11:55 p.</u> and last saw her <u>alive on 3-13-63</u> Death occurred at <u>11:55 p.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>R.P. Bowles, M.D.</u>	
22b. ADDRESS <u>Liberty Mo.</u>		22c. DATE SIGNED <u>3-16-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Mar. 16, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Thurman Funeral Home, Richmond, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>3-19-63</u>	26. REGISTRAR'S SIGNATURE <u>Mabel Graham</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DEC 4 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or ~~by~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lewad Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.